

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF NEW YORK**

In re _____ ,)
[Set forth here all names including married, maiden, and trade)
names used by debtor within last 6 years.])
Debtor) Case No. _____)
Social Security No(s). _____ or) Chapter _____)
Employer's Tax Identification No(s). [if any] _____)

_____)
_____)
_____)
_____)
Plaintiff)
_____)
v.)
_____)
_____)
Defendant) Adv. Proc. No. _____)

SUMMONS IN AN ADVERSARY PROCEEDING

YOU ARE SUMMONED and required to submit a motion or answer to the complaint which is attached to this summons to the clerk of the bankruptcy court within 30 days after the date of issuance of this summons, except that the United States and its offices and agencies shall submit a motion or answer to the complaint within 35 days.

Address of Clerk:

At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

Name and Address of Plaintiff's Attorney:

If you make a motion, your time to answer is governed by Bankruptcy Rule 7012.

IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGMENT BY THE BANKRUPTCY COURT AND JUDGMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.

Clerk of the Bankruptcy Court

Date _____

By: _____
Deputy Clerk

CERTIFICATE OF SERVICE

I, _____, certify that I am, and at all times during the service of process
(name)
was, not less than 18 years of age and not a party to the matter concerning which service of process was
made. I further certify that service of this summons and a copy of the complaint was made _____
by: (date)

- ☐ Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
- ☐ Personal Service: By leaving the process with defendant or with an officer or agent of defendant at:
- ☐ Residence Service: By leaving the process with the following adult at:
- ☐ Publication: The defendant was served as follows: [Describe Briefly]
- ☐ State Law: The defendant was served pursuant to the laws of the State of _____
as follows (Describe briefly) (Name of State)

Under penalty of perjury, I declare that the foregoing is true and correct.

Date

Signature

Print Name		
Business Address		
City	State	Zip